

Please Type a plus sign (+) inside this box

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	WRN 0013
	First Named Inventor	Michael Raftelis
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	9/27/01
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLEXIBLE FRAME STRUCTURES IN
ADAPTIVE HIGH DATA RATE WIRELESS ACCESS SYSTEMS**

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) , as United States Application Number or PCT International
Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 3659a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

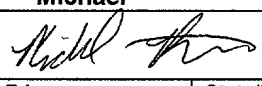
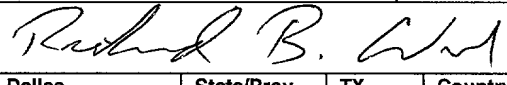
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/275,630	03/14/2001	

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

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U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name		Registration Number		Name	
Bruce E. Garlick		36,520			
James A. Harrison		40,401			
Timothy W. Markison		33,534			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence address below					
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Address		Garlick & Harrison			
Address		P.O. Box 344136 342019			
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		Telephone	(512) 342-0612		Fax (512) 795-0138
I hereby declare that all statements made herein of any own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature				Date	6/4/01
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Post Office Address					
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Country		USA		Citizenship	US
Name of 2 nd Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Richard B.		Wank			
2 nd Inventor's Signature				Date	
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Country		USA		Citizenship	US
Name of 3 rd Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
3 rd Inventor's Signature				Date	
Residence: City			State/Prov.		Country
Post Office Address					
Post Office Address					
City			State/Prov.		Zip
Country				Citizenship	
Name of 4 th Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
4 th Inventor's Signature				Date	
Residence: City			Prov.		Country
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Post Office Address					
City			State/Prov.		Zip
Country				Citizenship	